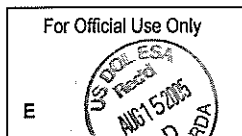


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8028	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Mark Holliday P.O. Box, Bldg., Room No., if any Street 555 E First Street City Gladstone State Oregon ZIP Code + 4 97027-2501	4. Name, file number, and address of labor organization. Name IUOE Local 701 Labor Organization File Number 023-992 P.O. Box, Building and Room Number, if any Street 555 East First Street City Gladstone State Oregon ZIP Code + 4 97027-2501
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Mark Holliday</u>	On <u>8-12-05</u> Date	<u>(503) 650-7701</u> Telephone Number

Name of Person Filing Mark Holliday

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name General Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1125 17th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name General Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1125 17th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20036

11.a. Nature of such dealing.

Mark Holliday is a General Pension Plan Trustee required to attend General Pension Plan Board Meeting.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

January 2004: The General Pension Plan reimbursed general pension plan trustee expenses to attend board meeting in Florida.

12.b. Amount.

\$1,874

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Mark Holliday

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Putnam Investments

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Investor Way

City Norwood

State Massachusetts

ZIP Code + 4 02062

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Welfare and Pension Administration Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 34203

Street

City Seattle

State Washington

ZIP Code + 4 98124

11.a. Nature of such dealing.

The Union's Trust (defined benefit plan) has funds invested with Putnam. Also, Putnam is an investment option for our members when investing their defined contribution pension fund contributions.

11.b. Approximate dollar value of such dealing.

\$70,000,000

12.a. Nature of interest held or income received.

January 2004: Putnam purchased lunch and golf in Florida during General Pension Plan meeting.

12.b. Amount.

\$129

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing Mark Holliday

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Washington Capital Management Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1000 SW Broadway, Suite 950

City Portland

State Oregon ZIP Code + 4 97205

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Welfare and Pension Administration Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 34203

Street

City Seattle

State Washington ZIP Code + 4 98124

11.a. Nature of such dealing.

The Union's Trust (defined benefit pension plan) has funds invested with Washington Capital.

11.b. Approximate dollar value of such dealing.

\$24,000,000

12.a. Nature of interest held or income received.

February 2004: Washington Capital purchased lunch at Stanfords resturant.

12.b. Amount.

\$27

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Mark Holliday

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Putnam Investments

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Investor Way

City Norwood

State Massachusetts

ZIP Code + 4 02062

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Welfare and Pension Administration Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

PO Box 34203

Street

City Seattle

State Washington

ZIP Code + 4 98124

11.a. Nature of such dealing.

The Union's Trust (defined benefit plan) has funds invested with Putnam. Also, Putnam is an investment option for our members when investing their defined contribution pension fund contributions.

11.b. Approximate dollar value of such dealing.

\$70,000,000

12.a. Nature of interest held or income received.

July 2004: Putnam purchased lunch and golf at Bandon Dunes in Oregon.

12.b. Amount.

\$131

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing Mark Holliday	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **General Pension Plan**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1125 17th Street, NW**

City **Washington**

State **District of Columbia** ZIP Code + 4 **20036**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **General Pension Plan**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1125 17th Street, NW**

City **Washington**

State **District of Columbia** ZIP Code + 4 **20036**

11.a. Nature of such dealing.

Mark Holliday is a General Pension Plan Trustee required to attend General Pension Plan Board Meeting.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

August 2004: The General Pension Plan reimbursed general pension plan trustee expenses to attend board meeting in Washington D.C..

12.b. Amount.

\$793

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Mark Holliday	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Washington Capital Management Inc.</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 1000 SW Broadway, Suite 950</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97205</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Welfare and Pension Administration Services</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any PO Box 34203</p> <p>Street </p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98124</p>	<p>11.a. Nature of such dealing.</p> <p>The Union's Trust (defined benefit pension plan) has funds invested with Washington Capital.</p> <p>11.b. Approximate dollar value of such dealing. \$24,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>August 2004: Washington Capital purchased lunch and golf at Crosswater Country Club.</p> <p>12.b. Amount. \$175</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p></p>

Name of Person Filing Mark Holliday	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Washington Capital Management Inc.</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 1000 SW Broadway, Suite 950</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97205</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Welfare and Pension Administration Services</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any PO Box 34203</p> <p>Street <input type="text"/></p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98124</p>	<p>11.a. Nature of such dealing.</p> <p>The Union's Trust (defined benefit plan) has funds invested with Washington Capital.</p> <p>11.b. Approximate dollar value of such dealing. \$24,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>September 2004: Washington Capital purchased golf and lunch at Desert Willow.</p> <p>12.b. Amount. \$76</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing Mark Holliday

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Welfare and Pension Administration Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 34203

Street

City Seattle

State Washington

ZIP Code + 4 98124

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Welfare and Pension Administration Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 34203

Street

City Seattle

State Washington

ZIP Code + 4 98124

11.a. Nature of such dealing.

This is the Union's Trust itself.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

October 2004: The Trust prepaid for the union trustees to attend the 2005 annual International Foundation benefits training conference.

12.b. Amount.

\$994

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Mark Holliday	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Killian Asset Management</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any Suite 600</p> <p>Street 1250 W. Northwest Highway</p> <p>City Palatine</p> <p>State Illinois ZIP Code + 4 60067</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name General Pension Plan</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 1125 17th Street, NW</p> <p>City Washington, D.C.</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>11.a. Nature of such dealing.</p> <p>The International Union's Trust has funds invested with Killian Asset Management.</p> <p>11.b. Approximate dollar value of such dealing. \$80,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>December 2004: Killian sent a holiday cookie box to Mark Holliday at the office.</p> <p>12.b. Amount. \$35</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>